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HERMAN ROSCOE TALLEY
RICHARD THOMAS GIBSON

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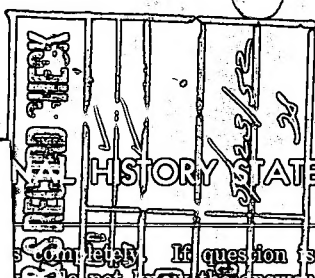
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DO YOU UNDERSTAND THE INSTRUCTIONS? (Yes or No)

100

A. FULL NAME Mr. HERMAN ROSCOE TALLEY (S)
(Use No. Initials) (First) (Middle) (Last)
Telephone Office 405-4412
Ext. 3431
Home 416-1746

PRESENT ADDRESS 71-0 St. S.W. WASHINGTON, D.C. (S)
(St. and Number) (City) (State) (Country)

PERMANENT ADDRESS RED #3 GAITHERSBURG, MD (S) MONTGOMERY
(St. and Number) (City) (State) (Country)

B. NICKNAME NONE WHAT OTHER NAMES HAVE YOU USED? NONE

NA UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE
NAMES? NONE

HOW LONG? NONE IF A LEGAL CHANGE, GIVE PARTICULARS NONE
NONE

C. DATE OF BIRTH 5-19-16 PLACE OF BIRTH RED #3 GAITHERSBURG, MARYLAND, MONTGOMERY (S)
(City) (State) (Country)

D. PRESENT CITIZENSHIP NATIVE BY BIRTH? YES BY MARRIAGE? NA

BY NATURALIZATION CERTIFICATE NO. NA ISSUED NA BY NA

AT NA NA NA

HAVE YOU HAD A PREVIOUS NATIONALITY? NO NA

HELD BETWEEN WHAT DATES? NA TO NA ANY OTHER NATIONALITY? NO

GIVE PARTICULARS NONE

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? NO GIVE PARTICULARS:

B. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? BORN IN U.S.A.PORT OF ENTRY? NA ON PASSPORT OF WHAT COUNTRY? NALAST U. S. VISA NA NA NA NA
(Number) (Type) (Place of Issue) (Date of Issue)

SEC. 2. PHYSICAL DESCRIPTION

AGE 36 SEX MALE HEIGHT 5' 7" WEIGHT 175
EYES BROWN HAIR BLACK COMPLEXION BROWN SCARS LEFT FOREHEAD
BUILD NEAT OTHER DISTINGUISHING FEATURES MUSTACHE

SEC. 3. MARITAL STATUS

A. SINGLE NA MARRIED MARRIED DIVORCED NO WIDOWED NASTATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULLMENTS NA

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE NAPLACE AND DATE OF MARRIAGE ROCKVILLE, MARYLANDHIS (OR HER) ADDRESS BEFORE MARRIAGE NALIVING OR DECEASED LIVING DATE OF DECEASE NA CAUSE NAPRESENT, OR LAST, ADDRESS NADATE OF BIRTH 1-18-13 PLACE OF BIRTH NAIF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NOCITIZENSHIP NA WHEN ACQUIRED? NA WHERE? NAOCCUPATION FILE CLERK LAST EMPLOYER U.S. DEPT. OF AGRICULTUREEMPLOYER'S OR BUSINESS ADDRESS 1411 C ST. S.W. WASHINGTON, D.C.MILITARY SERVICE FROM 12-2-43 TO 6-2-44 BRANCH OF SERVICE ARMYCOUNTRY U.S.A. DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGNJAN. 15, 1940 TO PRESENT U.S. DEPT. OF AGRICULTURE

SEC.

MD.
MD.(6) WILLARD W. TALLEY D.O.B. 11-6-25
R.F.D. #3 GAITHERSBURG, MD(9) ELSIE L GILLESPIE D.O.B. 3-12-3
101-YOO. ST. N.W. #4(11) AGNES B MINOR D.O.B. 5-18-32
174-E LORAIN. ST OBERLIN, OHIO(12) UPTON L TALLEY D.O.B. 12-6-34
R.F.D. #3 GAITHERSBURG, MDSEC. 11 WILLARD W. TALLEY (BRO.) NATIVE RFD #3 GAITHERSBURG MD
U.S. PUBLIC HEALTH. BETHESDA, MD.JUDD MINOR (BRO. IN-LAW) NATIVE 1757-3-3-11-11-11
WHITE HOUSEMAE L. PETERSON (N22. TALLEY)
FEDERAL HOUSING. WASH. D.C.

SEC. 7 CONTINUED HALF SISTERS AND BROS.

ESTELLE MINOR AGE 48
1260 PEN. ST. NEMILTON TALLEY AGE 57
1527 CHURCH ST. N.W.RICHARD TALLEY AGE 59
606 KENILWORTH. AVE N.ESADIE THOMAS AGE 53
2215-N. 6th St. PHILADELPHIA, PASADIE MILLER AGE 55
639 N. 32 St. PHILADELPHIA, PA.

(14)

F. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

(NA) I HAVE A LOYALTY CLEARANCE IN THE AGRICULTURE DEPT. APRIL 1948

Sec. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME _____ RELATIONSHIP WIFE
ADDRESS _____ WASHINGTON, D.C.
(City) (State) (Country)

Sec. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

NO

Sec. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT _____

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THIS ONE AND SIGN EACH SUCH PAGE.

U. S. GOVERNMENT PRINTING OFFICE : 10-42850-1

Sec. 4. CHILDREN OR DEPENDENTS (Include partial dependents):

1. NAME _____ RELATIONSHIP SON AGE 12
CITIZENSHIP YES ADDRESS 712 ST. S.W. WASH. DC.
(St. and Number) (City) (State) (Country)
2. NAME _____ RELATIONSHIP SON AGE 10
CITIZENSHIP YES ADDRESS 712 ST. S.W. WASH. DC.
(St. and Number) (City) (State) (Country)
3. NAME JACQUELYN PARKS RELATIONSHIP GOD CHILD AGE 4
CITIZENSHIP YES ADDRESS 712 ST. S.W. WASH. DC.
(St. and Number) (City) (State) (Country)

Sec. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME RICHARD MAURICE TALLEY
(First) (Middle) (Last)
LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____
PRESENT, OR LAST, ADDRESS 4215 JILLINGS, N.E. NW WASH. DC.
(St. and Number) (City) (State) (Country)
DATE OF BIRTH OCT 20 1876 PLACE OF BIRTH BOYDS, MARYLAND MONTG.
(City) (State) (Country)
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NO
CITIZENSHIP NA WHEN ACQUIRED? NA WHERE? NA
(City) (State) (Country)
OCCUPATION NONE LAST EMPLOYER OLD FORT HOME
ROCKVILLE, MD
EMPLOYER'S OR OWN BUSINESS ADDRESS ROCKVILLE, MARYLAND
(St. and Number) (City) (State) (Country)
MILITARY SERVICE FROM NONE TO _____ BRANCH OF SERVICE NA
(Date) (Date)
COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN
NA

Sec. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME LAURA ETHEL TALLEY
(First) (Middle) (Last)
LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____
PRESENT, OR LAST, ADDRESS RED #3 GAITHERSBURG MD MONTGOMERY
(St. and Number) (City) (State) (Country)
DATE OF BIRTH 11-7-92 PLACE OF BIRTH RED #3 GAITHERSBURG MD
(City) (State) (Country)
CITIZENSHIP NA WHEN ACQUIRED? NA WHERE? NA
(City) (State) (Country)
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

OCCUPATION DOMESTIC LAST EMPLOYER [REDACTED]
EMPLOYERS OR OWN BUSINESS ADDRESS [REDACTED]
MILITARY SERVICE FROM NONE TO [REDACTED] BRANCH OF SERVICE NA
COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN
NA

SEC. 7. BROTHERS AND SISTERS (including half-, step-, and adopted brothers and sisters):

1. FULL NAME [REDACTED]
PRESENT ADDRESS [REDACTED]
2. FULL NAME [REDACTED]
PRESENT ADDRESS [REDACTED]
3. FULL NAME [REDACTED]
PRESENT ADDRESS [REDACTED]
4. FULL NAME [REDACTED]
PRESENT ADDRESS [REDACTED]
5. FULL NAME [REDACTED]
PRESENT ADDRESS [REDACTED] NATIVE
(Citizenship)

SEC. 8. FATHER-IN-LAW

FULL NAME [REDACTED]
LIVING OR DECEASED LIVING DATE OF DECEASE [REDACTED] CAUSE [REDACTED]
PRESENT, OR LAST, ADDRESS ROCKVILLE, MARYLAND
(St. and Number) (City) (State) (Country)
DATE OF BIRTH 10-9-35 PLACE OF BIRTH SENECA, MARYLAND
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA
CITIZENSHIP NATIVE WHEN ACQUIRED? NA WHERE? NA
(City) (State) (Country)
OCCUPATION RUNS A SMALL STORE LAST EMPLOYER ?

16-62525-1

1. (Name and Chapter) (St. and Number) (City) (State) (Country)
DATES OF MEMBERSHIP: [REDACTED]
2. (Name and Chapter) (St. and Number) (City) (State) (Country)
DATES OF MEMBERSHIP: [REDACTED]
3. (Name and Chapter) (St. and Number) (City) (State) (Country)
DATES OF MEMBERSHIP: [REDACTED]
4. (Name and Chapter) (St. and Number) (City) (State) (Country)
DATES OF MEMBERSHIP: [REDACTED]

SEC. 25. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU SUPPORTED, ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES? NO

IF "YES," EXPLAIN: NA

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? YES IF SO, TO WHAT EXTENT? SMALL TIME (SLIGHT)

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE:
NO

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:
NO

E. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940:

ONLY U.S. DEPARTMENT OF AGRICULTURE

F. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, ETC. NO

IF YES, INDICATE KIND OF LICENSE AND STATE NR

FIRST LIC. OR CERTIFICATE (YR) NR LATEST LIC. OR CERTIFICATE (YR) NR

G. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:

- (1) YOUR MORE IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPIES UNLESS REQUESTED)
- (2) YOUR PATENTS OR INVENTIONS
- (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
- (4) HONORS AND FELLOWSHIPS RECEIVED

NONE

H. HAVE YOU A PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? IF ANSWER IS "YES," EXPLAIN:

NO

I. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? IF ANSWER IS "YES," GIVE COMPLETE DETAILS:

YES. I HAVE A 20% DISABILITY FROM THE ARMY

THIS WAS AN INJURY OF THE LEFT FOOT PRIOR TO ENTERING THE SERVICE. THE ARMY AGGRAVATED THIS INJURY.

10-6250-1

SEC. 14. ACTIVE U. S. OR FOREIGN MILITARY SERVICE

U.S.A. ARMY PUT 12-2-45-6-3-4
(Country) (Service) (Rank) (Date of Service)
ARMY POST OFFICE, SAN FRANCISCO, CALIF. HONORABLE
(Last Station) (Serial Number) (Type of Discharge)

REMARKS: NONE

SELECTIVE SERVICE BOARD NUMBER UNKNOWN ADDRESS ROCKVILLE, MD

IF DEFERRED GIVE REASON DRAFTED

INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS NONE

SEC. 15. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST. (List all civilian employment by a foreign government, regardless of dates.)

FROM 7-29-44 TO PRESENT CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) GS-3

EMPLOYING FIRM OR AGENCY FOREST SERVICE, U.S. DEPT. OF AGR.

ADDRESS 1414 C. St. S.W. WASH. DC.
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS GOVERNMENT AGENCY NAME OF SUPERVISOR OLGA NOVACEK

TITLE OF JOB PLACEMENT OFFICER SALARY \$ GS-9 PER _____

YOUR DUTIES Recd and classify general and confidential correspondence and memoranda, in accordance with Bureau instructions regarding the GS classification system. Forwarded to the Bureau for review and approval. Also, prepared and maintained a file of correspondence and memoranda.

REASONS FOR LEAVING INTERESTED IN HIGHER GRADE

FROM 6-9-42 TO 7-28-44 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) CU-3

EMPLOYING FIRM OR AGENCY FOREST SERVICE, U.S. DEPT. OF AGR.

ADDRESS 1414 C. St. S.W. WASH. DC.
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS GOVERNMENT AGENCY NAME OF SUPERVISOR E.C. WAGNER

TITLE OF JOB ADM. OFFICER SALARY \$ GS-12 PER _____

YOUR DUTIES Collected and delivered telegrams, documents and papers in the absence of the GS-4 mail clerk. Took charge of mail room for the entire Bureau.

REASONS FOR LEAVING Higher job in same Bureau

10-6250-1

FROM 1-15-40 TO 6-2-42 CLASSIFICATION GRADE C.U-2
 (IF IN FEDERAL SERVICE)
 EMPLOYING FIRM OR AGENCY CENTRAL SUPPLY SECTION, U.S. DEPT. OF AGR.
 ADDRESS 1476 8th St. NW, WASH. DC.
 (St. and Number) (City) (State) (Country)
 KIND OF BUSINESS GOVERNMENT AGENCY NAME OF SUPERVISOR SAMUEL L. GARDNER
 TITLE OF JOB CHIEF SALARY \$? PER ?
 YOUR DUTIES Keep central stock and animal government supplies to field offices of the U.S. DA.
Take Inventory Annually of Stock
 REASONS FOR LEAVING TRANSFERRED TO HIGHER JOB

FROM 12-15-38 TO 1-14-40 CLASSIFICATION GRADE FOREMAN
 (IF IN FEDERAL SERVICE)
 EMPLOYING FIRM OR AGENCY C. C. McDEVITT (FARM)
 (FARM IS NOW SOLD BY MR. McDEVITT CAN BE REACHED AT)
 ADDRESS Red Hill, Poolesville MD 1402-RANDOLPH ST. NW
 (St. and Number) (City) (State) (Country)
 KIND OF BUSINESS FARM NAME OF SUPERVISOR I WAS MY OWN
 TITLE OF JOB FOREMAN (SELF) SALARY \$ 540 PER ANNUAL
+ LIVING ALLOWANCE
 YOUR DUTIES In charge of a 395 acre farm, to cultivate
shadblow, corn, grain, hops, chileans, cows to
home, to operate with property, to plant with corn,
beans, pumpkins, produce, feeding, handling feed
fertilizer and farm equipment.
 REASONS FOR LEAVING TO ENTER GOVERNMENT SERVICE

FROM _____ TO _____ CLASSIFICATION GRADE _____
 (IF IN FEDERAL SERVICE)
 EMPLOYING FIRM OR AGENCY _____
 ADDRESS _____
 (St. and Number) (City) (State) (Country)
 KIND OF BUSINESS _____ NAME OF SUPERVISOR _____
 TITLE OF JOB _____ SALARY \$ _____ PER _____
 YOUR DUTIES _____

 REASONS FOR LEAVING _____

10-42555-1

SEC. 16. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? OR DID YOU LEAVE A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

NO

SEC. 17. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT," "FAIR," OR "FLUENT")

LANGUAGE FRENCH SPEAK _____ READ SLIGHT WRITE _____

LANGUAGE _____ SPEAK _____ READ _____ WRITE _____

LANGUAGE _____ SPEAK _____ READ _____ WRITE _____

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU; INDICATE DEGREE OF PROFICIENCY IN EACH:

BOWLING AVE. 105

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

SINCE 7-29-44 TO PRESENT AS A PERSONNEL FILE CLERK
I HAVE HANDLED CONFIDENTIAL AND STAFF MATERIAL FOR
THE FOREST SERVICE.

D. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTIPLETH, COMPTOMETER, KEY PUNCH, TURRET LATHES, SCIENTIFIC OR PROFESSIONAL DEVICES:

NONE

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING 25 SHORTHAND _____

SEC. 12. POSITION DATA

A. KIND OF POSITION APPLIED FOR CLERK

B. WHAT IS THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT? \$ 3270.
(You Will Not Be Considered For Any Position With A Lower Entrance Salary.)

C. IF YOU ARE WILLING TO TRAVEL, SPECIFY: OCCASIONALLY ☒
FREQUENTLY _____, CONSTANTLY _____

D. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: IN WASHINGTON, D. C. YES
ANYWHERE IN THE UNITED STATES NO, OUTSIDE THE UNITED STATES NO

E. IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, SPECIFY LOCATIONS:
EAST AND WEST, PREFER WASHINGTON, DC

SEC. 13. EDUCATION

ELEMENTARY SCHOOL QUINCE ORCHARD ADDRESS REDF. GAITHERSBURG, MD
(City) (State) (County)
DATES ATTENDED 1922 GRADUATED 1928

HIGH SCHOOL 1928 ADDRESS ROCKVILLE, MD
(City) (State) (County)
DATES ATTENDED 1928 GRADUATED 1932

COLLEGE NONE ADDRESS NR
(City) (State) (County)
MAJOR AND SPECIALTY NONE YEARS COMPLETED NR
DATES ATTENDED NR DEGREE NR

COLLEGE NR ADDRESS NR
(City) (State) (County)
MAJOR AND SPECIALTY NR YEARS COMPLETED NR
DATES ATTENDED NR DEGREE NR

CHIEF UNDERGRADUATE COLLEGE SUBJECTS NR

CHIEF GRADUATE COLLEGE SUBJECTS NR

10-62530-1

SEC. 13. GIVE FIVE CHARACTER REFERENCES—IN THE U. S.—WHO KNOW YOU INTIMATELY—(Give residence and business addresses where possible.)

1. ELIZABETH CLARK BUS. ADD. 1420 15th St. NW, WASH. DC.
RES. ADD. 1420 15th St. NW, WASH. DC.
U.S. DEPT. OF AGR.

2. SETH JACKSON BUS. ADD. 1420 15th St. NW, WASH. DC.
RES. ADD. 1420 15th St. NW, WASH. DC.
U.S. DEPT. OF AGR.

3. ERWIN C. WAGNER BUS. ADD. 1420 15th St. NW, WASH. DC.
RES. ADD. 1420 15th St. NW, WASH. DC.
U.S. DEPT. OF AGR.

4. ANNA GREER BUS. ADD. 1420 15th St. NW, WASH. DC.
RES. ADD. 1420 15th St. NW, WASH. DC.
U.S. DEPT. OF AGR.

5. COLWELL BEERS BUS. ADD. C.T.A. WASH. DC.
RES. ADD. 4100 70th Ave. Landover Hills, MD.

SEC. 19. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES—NOT REFERENCES, RELATIVES, SUPERVISORS, OR EMPLOYERS—(Give residence and business addresses where possible.)

1. REGINALD PURYEAR BUS. ADD. 1420 15th St. NW, WASH. DC.
RES. ADD. 2606 MYNLE AVE. WASH. DC.

2. WALTER PRICE BUS. ADD. THE PENTAGON WASH. DC.
RES. ADD. 1420 15th St. NW, WASH. DC.

3. WALTER WASHINGTON BUS. ADD. NATIONAL CAPITAL WASH. DC.
RES. ADD. 1420 15th St. NW, WASH. DC.
U.S. DEPT. OF AGR.

4. EDNA LLOYD BUS. ADD. 1420 15th St. NW, WASH. DC.
RES. ADD. 1420 15th St. NW, WASH. DC.

5. ROBERT SNOWDEN BUS. ADD. 446 N. WASH. DRIVE, ROCKVILLE MD.
RES. ADD. S.H.M.E. MD.

SEC. 20. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U. S.—(Give residence and business addresses where possible.)

1. JOHN H. ROBINSON BUS. ADD. THE PENTAGON WASH. DC.
RES. ADD. 329 0th St. SW, WASH. DC.

2. MELVIN L. HEGGANS BUS. ADD. METROPOLITAN POLICE WASH. DC.
RES. ADD. 744 0th St. SW, WASH. DC.

3. JOSEPH HUTCHINSON BUS. ADD. 1420 15th St. NW, WASH. DC.
RES. ADD. 1420 15th St. NW, WASH. DC.

SEC. 21. FINANCIAL BACKGROUND

A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES. IF NOT, STATE SOURCES OF OTHER INCOME NONE

B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS NONE

(12)

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? NO
GIVE PARTICULARS, INCLUDING COURT: NR

D. GIVE THREE CREDIT REFERENCES—IN THE U. S.

1. NAME NULE FURNITURE ADDRESS 717 S. M. WASH. DC.
(St. and Number) (City) (State) (Country)
2. NAME BELL CLOTHING ADDRESS 911 S. M. WASH. DC.
(St. and Number) (City) (State) (Country)
3. NAME HERL CREDIT UNION ADDRESS 1416 S. M. WASH. DC.
(St. and Number) (City) (State) (Country)

SEC. 22. RESIDENCES FOR THE PAST 15 YEARS

FROM

FROM

FROM

FROM

FROM

FROM

FROM

FROM

SEC. 23. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

A. FROM NONE TO NR

FROM

FROM

FROM

FROM

SEC. 24. CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN; OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. AMERICAN LEGION JAMES E. WALKER POST NO. 24 WASH. DC.
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: YEARLY RENEWAL SINCE 1945

2. AGRICULTURE ECONOMIC SOCIETY 1416 S. M. WASH. DC.
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: 1947 TO PRESENT

3. _____
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: _____

10-02343-1

SEC. 9. MOTHER-IN-LAW

FULL NAME _____

LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____

DATE OF BIRTH ? PLACE OF BIRTH SENECA, MARYLAND

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NR

CITIZENSHIP NATIVE WHEN ACQUIRED? NR WHERE? NR
(City) (State) (Country)

OCCUPATION DOMESTIC LAST EMPLOYER DEPT'S WORK

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

1. NAME NONE RELATIONSHIP NR AGE _____

CITIZENSHIP NR ADDRESS NR
(St. and Number) (City) (State) (Country)

2. NAME NONE RELATIONSHIP NR AGE _____

CITIZENSHIP NR ADDRESS NR
(St. and Number) (City) (State) (Country)

3. NAME NONE RELATIONSHIP NR AGE _____

CITIZENSHIP NR ADDRESS NR
(St. and Number) (City) (State) (Country)

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT:

1. NAME JAMES LEWIS RELATIONSHIP BRO. IN LAW AGE NR

CITIZENSHIP NATIVE ADDRESS 4215 ILLINOIS AVE. NW. WASH. DC.
(St. and Number) (City) (State) (Country)

TYPE AND LOCATION OF SERVICE (IF KNOWN) GENERAL ACCOUNTING OFFICE DC.

2. NAME ANNA E. LEWIS RELATIONSHIP SISTER AGE _____

CITIZENSHIP NATIVE ADDRESS 4215 ILLINOIS AVE. NW. WASH. DC.
(St. and Number) (City) (State) (Country)

TYPE AND LOCATION OF SERVICE (IF KNOWN) GENERAL ACCOUNTING OFFICE DC.

3. NAME MAE L. PETERSON RELATIONSHIP SISTER AGE 24

CITIZENSHIP NATIVE ADDRESS 20 E. 10TH ST. ST. LOUIS MO.
(St. and Number) (City) (State) (Country)

TYPE AND LOCATION OF SERVICE (IF KNOWN) FEDERAL HOUSING

(5)

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